

## Continuing Education Certificate of Attendance

ATTENDEE'S NAME: \_\_\_\_\_

COURSE TITLE: \_\_\_\_\_

NUMBER OF C.E. HOURS GRANTED

CATEGORY "B" SCIENTIFIC: \_\_\_\_\_

CATEGORY "C" BUSINESS: \_\_\_\_\_

KY BOARD OF DENTISTRY APPROVAL NUMBER: \_\_\_\_\_

PROVIDER: \_\_\_\_\_

SIGNATURE OF PROVIDER: \_\_\_\_\_

DATE: \_\_\_\_\_